



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
CUSTOMER SERVICE FORM

SUBMITTER'S NAME	TELEPHONE NUMBER	SUBMITTER'S CASE NUMBER or SOCIAL SECURITY NUMBER
SUBMITTER'S MAILING ADDRESS		
CITY	STATE	ZIP CODE

The Family Support Division (FSD) will attempt to resolve concerns about customer service and most case actions. FSD **cannot** resolve child support actions taken by the court, such as custody, visitation or spousal support orders. Only the court can address those issues. FSD welcomes your comments and compliments.

Please check the box of the FSD program on which you have a comment or complaint:

- | | |
|--|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance |
| <input type="checkbox"/> MO HealthNet | <input type="checkbox"/> Other (specify): _____ |

Please complete and submit your *Customer Service Form* to:

Customer Relations Unit
Family Support Division
PO Box 2320
Jefferson City, MO 65102-2320

The deputy director will respond to your submission.

You do not have to provide your Social Security number (SSN) on this document. However, providing your SSN may result in a more timely response to your submission.

DESCRIBE YOUR COMMENT, COMPLAINT OR COMPLIMENT:

(If you need more space, you may continue on another page and attach it to this form.)

SUBMITTER'S SIGNATURE	DATE SUBMITTED
-----------------------	----------------